

**COUNTY MEDICAL SERVICES PROGRAM (CMSP)
SHARE-OF-COST PROVIDER LETTER**

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(Provider Address)

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(County Address)

RE: _____

The individual(s) shown above had been determined eligible for CMSP for the month(s) of _____. with a monthly share-of-cost of \$_____. Upon review, it has been determined that the share-of-cost for the month(s) indicated should have been only \$_____. Accordingly, the beneficiary is due a reimbursement of the difference between the share-of-cost amount paid to you and the recomputed share-of-cost. The following information is to assist you in making the required reimbursement.

If the beneficiary actually paid the original share-of-cost amount to you and you billed CMSP for the balance of the charges, you may be eligible to receive an adjustment from the CMSP fiscal intermediary. Once you have billed the program, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

If the beneficiary actually paid the original share-of-cost amount to you and you did not bill the program because the charges equaled the original share-of-cost amount, you may now bill the program for the difference between your usual fee and the recomputed share of cost. Again, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

If the beneficiary has not paid but obligated to pay the original share-of-cost, the new adjusted amount should be used to reduce the obligation.

If you were unable to bill the program because the beneficiary has not paid or obligated the full amount of the original share-of-cost, you may now do so by submitting this form and a claim with a photocopy of the CMSP card to the CMSP fiscal intermediary.

The items checked below must be accomplished in order to complete the reimbursement process.

- ☐ Complete the CMSP 177 S based on the revised share-of-cost amount. If the beneficiary meets the recomputed share-of-cost, he/she will be issued a CMSP card. Any outstanding balance may be billed to CMSP.
- ☐ It is not necessary for you to rebill the CMSP for the services listed on the CMSP 177 S. An adjustment to your previous claim will be made by the county.
- ☐ It will be necessary for you to bill the CMSP. You must attach this form letter to your claim. The beneficiary listed above is responsible for presenting you with a CMSP identification card or label to attach to your claim.

Eligibility Worker's Signature

Eligibility Worker's Phone Number